

EXHIBIT F

**DEPARTMENT OF CORRECTION
CITY OF NEW YORK**

UOF PACKAGE

UOF ID Number 4068/20
Incident Facility: MDC

DEF 000001

UOF ID Number: 4068/20
Incident

UOF ID Number:	4068/20
Primary Incident Type:	Use of Force
Primary Incident Status:	Actual
Primary UOF Type:	Handheld Chemicals - OC, CS, MK-9
Secondary UOF Type:	Control holds/takedown techniques
Reason For UOF:	Refuse Direct Orders
Occurred Time:	Aug 31 2020 6:15PM
Reported Time:	Aug 31 2020 9:05PM
Reported By:	A D W HARVEY
Reported To:	A D W MASSEY
Incident Facility:	MDC
Facility Area:	Housing Area
Housing Area:	9S
Anticipated UOF (Call In):	No
Description of Incident:	AT 1815 HOURS, IN HOUSING AREA 9 SOUTH (ADULT/GP), INMATE RODRIGUEZ (SRG TRINI, ENH. REST., RED ID, ICR, CL. 30) STARTED A STILL FIRE INSIDE HIS CELL. OFFICER GALUZEVSKIY (DOA 06/19/17-ESU) RETRIEVED THE FIRE EXTINGUISHER TO PUT OUT THE FIRE, WHEN THE INMATE STOOD IN FRONT OF OFFICER GALUZEVSKIY. THE OFFICER GAVE ORDERS TO MOVE AND THE INMATE REFUSED TO COMPLY. OFFICER LEWIS (DOA 08/30/14-ESU) DEPLOYED CHEMICAL AGENT (OC) AND OFFICER WILLIAMS (DOA 06/19/17-ESU) UTILIZED CONTROL HOLDS TO APPLY RESTRAINTS. THE INMATE CEASED HIS AGGRESSION AND WAS ESCORTED OUT OF THE AREA, TERMINATING THE INCIDENT. STAFF AND INMATE INJURIES ARE PENDING. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE. VIDEO SURVEILLANCE: YES / CHEMICAL AGENT (OC) UTILIZED: YES. UPDATE: ON 09/01/20, THE FACILITY REPORTED NO STAFF OR INMATE INJURIES. THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.
Edited Description of Incident:	AT 1815 HOURS, IN HOUSING AREA 9 SOUTH (ADULT/GP), INMATE RODRIGUEZ (SRG TRINI, ENH. REST., RED ID, ICR, CL. 30) STARTED A STILL

UOF ID Number: 4068/20

FIRE INSIDE HIS CELL. OFFICER GALUZEVSKIY (DOA 06/19/17-ESU) RETRIEVED THE FIRE EXTINGUISHER TO PUT OUT THE FIRE, WHEN THE INMATE STOOD IN FRONT OF OFFICER GALUZEVSKIY. THE OFFICER GAVE ORDERS TO MOVE AND THE INMATE REFUSED TO COMPLY. AS A RESULT, A USE OF FORCE OCCURRED WITH THE BELOW LISTED STAFF. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE. VIDEO SURVEILLANCE: YES / CHEMICAL AGENT (OC) UTILIZED: YES. UPDATE: ON 09/01/20, BASED ON MEDICAL, THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

Restraints: No
Video Captured: Yes
Incident Source: IRS
Status: Closed
Assigned Tour Commander Name: Lee Mitchell
Assigned Captain Name: Shaday Gibson
Assigned DDI Name: Tahkyia Willis
Assigned ID Supervisor Name: Ryan Rhodes
Assigned ID Investigator Name: TYLER STOFER
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Tahkyia Willis (TWillis)
Updated Date: Sep 29 2020 3:29PM
Preventative Action: ORDERS
GIVEN
Injury Class: C
DOC Age Categorization: Adult
Nunez Age Categorization: Adult
Location Description: ADULT
/GP
Reason Not Approved:
Staff Participants:

- DAMIEN LEWIS
- TEMIR WILLIAMS
- ALEKSANDR GALUZEVSKIY

Inmate Participants:

UOF ID Number: 4068/20

• PETER RODRIGUEZ

Incident - Video/Audio Captured

Access Level: ID
Media Type: Video
Video/Audio Type: Stationary
Video Link: 191.49 ,191.36, 209.215, 209.206, 209.233, 209.238, 213.252, 211.157, 211.162, 211.161, 211.174, 211.165, 210.210, 191.26, 191.20, 191.22, 191.21, and 210.234
Video/Audio Start Date and Time:
Video/Audio End Date and Time:
Created By: TYLER STOFER (TStofer)
Created Date: Sep 15 2020 7:28AM
Updated Date:

Incident - Video/Audio Captured

Access Level: ID
Media Type: Video
Video/Audio Type: Handheld
Video Link: ES831201500CEMDCUOF1815UOF#4068-20.MP4
Video/Audio Start Date and Time:
Video/Audio End Date and Time:
Created By: TYLER STOFER (TStofer)
Created Date: Sep 15 2020 7:28AM
Updated Date:

Incident - Incident Event Log

Access Level: ID
Action: Complete Preliminary Review - PIC
To Status: Preliminary Review - Presumption Investigation Complete Pending Supervisor Approval
Reason Not Approved:
Created By: TYLER STOFER (TStofer)
Created Date: Sep 15 2020 7:29AM

Incident - Incident Event Log

UOF ID Number: 4068/20

Access Level: ID
Action: Approve Preliminary Review - PIC (send to DDI)
To Status: Preliminary Review - Presumption Investigation Complete
Reason Not Approved:
Created By: Ryan Rhodes (RRhodes)
Created Date: Sep 24 2020 2:04PM

Incident - Incident Event Log

Access Level: ID
Action: Approve Preliminary Review - PIC (close Incident)
To Status: Closed
Reason Not Approved:
Created By: Tahkyia Willis (TWillis)
Created Date: Sep 29 2020 3:49PM

Incident - Participant

Access Level: IRS Interface
Person Type: Staff
Shield #: 8106
Employee #: 1478831
Book & Case #:
NYSID:
Last Name: LEWIS
First Name: DAMIEN
Assigned Facility: EMERGENCY SERVICES UNIT/ K9/GANG
 INTELLIGENCE UNIT

Title Effective Date:**Date of Hire:****Date of Birth:****Date of Admission:****Length of Stay:****Age:****Classification Score:****Disassociation Reason:****Created By:**

IRS Interface

UOF ID Number: 4068/20

Created Date: Aug 31 2020 11:05PM
Updated By: IRS Interface
Updated Date: Sep 2 2020 2:05AM
Visitor Number:
Title: Correction Officer
Arrest No:
Indictment Docket No:
Referred to Hospital: No
Admitted to Hospital: No
Prescribed Medication: No
Participant Role: PARTICIPANT
Arrest Charge:
Arrest Date:
Court Date:
Arrest Disposition:
Notice Served:
Other Gender:
Other Race:
Other Mental Observation Facility:
Middle Name:

Incident - Participant

Access Level: IRS Interface
Person Type: Staff
Shield #: 11475
Employee #: 1343287
Book & Case #:
NYSID:
Last Name: WILLIAMS
First Name: TEMIR
Assigned Facility: OTIS BANTUM CORRECTIONAL CENTER (O.B.C.C.)
Title Effective Date:
Date of Hire:
Date of Birth:
Date of Admission:
Length of Stay:
Age:

UOF ID Number: 4068/20

Classification Score:

Disassociation Reason:

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: IRS Interface

Updated Date: Sep 2 2020 2:05AM

Visitor Number:

Title: Correction Officer

Arrest No:

Indictment Docket No:

Referred to Hospital: No

Admitted to Hospital: No

Prescribed Medication: No

Participant Role: PARTICIPANT

Arrest Charge:

Arrest Date:

Court Date:

Arrest Disposition:

Notice Served:

Other Gender:

Other Race:

Other Mental Observation Facility:

Middle Name:

Incident - Participant

Access Level: IRS Interface

Person Type: Staff

Shield #: 8957

Employee #: 1624301

Book & Case #:

NYSID: GALUZEVSKIY

Last Name: GALUZEVSKIY

First Name: ALEKSANDR

Assigned Facility: MILITARY LEAVE WITH PAY/SECTION 2520

Title Effective Date:

Date of Hire:

Date of Birth:

UOF ID Number: 4068/20**Date of Admission:****Length of Stay:****Age:****Classification Score:****Disassociation Reason:****Created By:**

IRS Interface

Created Date:

Aug 31 2020 11:05PM

Updated By:

IRS Interface

Updated Date:

Sep 2 2020 2:05AM

Visitor Number:**Title:**

Correction Officer

Arrest No:**Indictment Docket No:****Referred to Hospital:**

No

Admitted to Hospital:

No

Prescribed Medication:

No

Participant Role:

PARTICIPANT

Arrest Charge:**Arrest Date:****Court Date:****Arrest Disposition:****Notice Served:****Other Gender:****Other Race:****Other Mental Observation Facility:****Middle Name:****Incident - Participant****Access Level:** IRS Interface**Person Type:** Inmate**Shield #:****Employee #:****Book & Case #:** 3491603090**NYSID:** 09839298P**Last Name:** RODRIGUEZ**First Name:** PETER

UOF ID Number: 4068/20

Title Effective Date:

Date of Hire:

Date of Birth:

Date of Admission:

Length of Stay:

Age:

Gender: Male

Race: Other

Classification Score: 30

SRG: SRG

Was Inmate in Restraints Prior to UOF?: No

Disassociation Reason:

Created By: IRS Interface

Created Date: Aug 31 2020 11:05PM

Updated By: IRS Interface

Updated Date: Sep 2 2020 2:05AM

Visitor Number:

ICR: Yes

Parole Violator: No

Red ID: Yes

Inmate Facility: Manhattan Detention Complex

Arrest No:

Indictment Docket No:

Adolescent: No

Referred to Hospital: No

Admitted to Hospital: No

Prescribed Medication: No

Participant Role: INSTIGATOR

Arrest Charge:

Arrest Date:

Court Date:

Arrest Disposition:

Notice Served:

Other Gender:

Other Race:

Other Mental Observation Facility:

UOF ID Number: 4068/20

Middle Name:

Incident - Incident Attachment

Attachment Type: Incident Inmate Photo Form
Attachment: File: U4068-20 IncidentPhotoReport.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Lee Mitchell (LeMitchell)
Updated Date: Aug 31 2020 11:53PM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 1
Attachment: File: rod front.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)
Updated Date: Sep 1 2020 2:44AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Injury to Inmate Report - pg. 2
Attachment: File: rod back.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)
Updated Date: Sep 1 2020 2:44AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Inmate Voluntary Statement Form
Attachment: File: rod stat.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)

UOF ID Number: 4068/20

Updated Date: Sep 1 2020 2:45AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (Actual, Allegation or Witness)
Attachment: File: rodriquez.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Shaday Gibson (SGibson)
Updated Date: Sep 1 2020 2:45AM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Tour Commander's handwritten UOF logbook entry (copy of)
Attachment: File: U4068-20 TCC CALL IN PAGE.pdf
Created By: IRS Interface
Created Date: Aug 31 2020 11:05PM
Updated By: Lee Mitchell (LeMitchell)
Updated Date: Aug 31 2020 11:33PM
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Photos of Injured Inmates
Attachment: File: I_Inv_4435522.jpg
Comments:
Created By: IRS Interface
Created Date: Aug 31 2020 11:55PM
Updated By: IRS Interface
Updated Date: Sep 2 2020 2:05AM
Photo Type: OTHER
Access Level: IRS Interface
Other Attachment Type:
Document Description:
Other Photo Type:

UOF ID Number: 4068/20

Incident - Incident Attachment

Attachment Type: UOF Staff Reports (Actual, Allegation or Witness)
Attachment: File: 4068-20 ESU Reports.pdf
Created By: Lee Mitchell (LeMitchell)
Created Date: Sep 1 2020 9:25AM
Updated Date:
Access Level: Facility

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: UOF #4068-2020 VIDEO REQUEST FORM.pdf
Created By: TYLER STOFER (TStofer)
Created Date: Sep 14 2020 5:29PM
Updated Date:
Access Level: ID
Other Attachment Type: video request form
Document Description: video request form

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: U4068-20 BCOFO UOF REVIEW 9-1-2020.xlsx
Created By: TYLER STOFER (TStofer)
Created Date: Sep 14 2020 5:30PM
Updated Date:
Access Level: ID
Other Attachment Type: rapid review
Document Description: rapid review

Incident - Incident Attachment

Attachment Type: Other
Attachment: File: U4068-20 Facility Referral.pdf
Created By: Tahkyia Willis (TWillis)
Created Date: Sep 29 2020 4:15PM
Updated Date:

UOF ID Number: 4068/20

Access Level: ID
Other Attachment Type: FACILITY REFERRAL
Document Description: delayed medical

Incident - Preliminary Review

UOF #:	4068/20
Occured Date:	Aug 31 2020
Injury Class:	C
Inmate 18 or Younger:	No
Class A UOF:	No
Actual or Alleged Blows to Head:	No
Actual or Alleged Kicking:	No
Actual or Alleged Use of Instrument of Force:	No
Inmate Was in Restraints:	No
Prohibited Restraint Hold(s):	No
Video Surveillance Malfunction:	No
Presence of Unexplained Facts:	No
Direct Referral from Facility:	No
Prior UOF Violation OATH Plea:	No
Evidence of Staff Collusion:	No
Other Full ID Circumstances:	No
Video Captured:	Yes
Are any inmate injuries attributable to any action of staff? :	No
Is staff injury consistent with the video and/or the witness(es) and Use of Force reports?:	Yes
Are staff reports available to the preliminary reviewer and are they consistent with the video?:	Yes
Are any additional investigative steps necessary? :	No
Describe why no additional investigative steps (such as interviewing staff members) are necessary.:	All staff reports were consistent with video evidence as well as each other, in the events that transpired during the Use of Force. There was no evidence of collusion or dishonesty on behalf of DOC staff. The Use of Force was captured in its entirety with video evidence. Inmate Rodriguez did not make any allegations to the facility or medical against DOC

UOF ID Number: 4068/20

Was a violation identified during Preliminary Review investigation?:

Detail the violation that has been identified:

Violation Will Require:

Investigator's Justification for Determination:

staff, as they refused to provide statements. Additionally, no injuries resulted from the Use of Force.

Yes

Inmate Rodriguez was not seen by medical until five hours and sixteen minutes after the incident.

- Facility Referral

UOF4068/20
Facility: MDC

Brief Incident Summary

On August 31, 2020 at approximately 1815 hours inside MDC 9 South housing area, Inmate Rodriguez, Peter B&C 3491603090 NYSID 09839298P started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell, he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the Intake with no further incident.

Video Review

Genetec Video Surveillance Footage

Genetec camera angles 191.49, 191.36, 209.215, 209.206, 209.233, 209. 238, 213.252, 211.157, 211.162, 211.161, 211.174, 211.165, 210.210, 191.26, 191.20, 191.22, 191.21, and 210.234 captured from August 31, 2020 inside MDC 9 south housing area between the hours of 1800 and 1930 revealed the following:

A still fire was started inside cell #3 (18:14:56 angle 191.36). Five officers and two captain entered the cell dayroom with a water extinguisher (18:15:13 191.36). Staff opened the food slot to begin use of the extinguisher 18:15:35. ESU Staff entered and took over extinguishing efforts. Officer Galuzevsky continued use of the water extinguisher while Officer Lewis opened cell #3 (18:16:06 angle 191.36). Inmate Rodriguez refused to exit and began swatting at staff with his right arm while moving forward. Officers Lewis and Williams used chemical agents at an appropriate distance (18:16:22 angle 191.36). ESU Officers put on their masks and Officer Galuzevsky entered the cell. Officer Galuzevsky exited the cell escorting Inmate

UOF ID Number: 4068/20

Rodriguez with his hands behind his back. All involved staff members exited the 9 south housing area into the vestibule with Inmate Rodriguez (18:17:29 angle 209.215). ESU staff escorted Inmate Rodriguez to the Intake, terminating the incident (18:31:21 angle 209.215).

Handheld Camera Footage

ES831201500CEMDCUOF1815UOF#4068-20.MP4

ESU Officers entered the dayroom of Inmate Rodriguez's cell and could be heard giving verbal commands for him to step out. Inmate Rodriguez remained in his cell. Staff gave additional verbal commands for Inmate Rodriguez to exit his cell while continuing to use the water fire extinguisher. Due to the number of staff members in the area, Inmate Rodriguez and the inside of his cell could not be seen at this time. Captain Moise advised into the camera that chemical agents were just utilized. Officer Galuzevsky entered the cell and immediately exited with Inmate Rodriguez in an escort hold with his hands behind his back. Inmate Rodriguez had an orange substance on his upper torso. ESU Officers escorted Inmate Rodriguez to the 9 south vestibule and awaited clearance to escort him to the Intake. Inmate Rodriguez was then escorted to the Intake without incident.

Body Camera Footage

The involved staff members were not equipped with body worn cameras, therefore no such video exists.

Involved Inmate(s) Statement(s)

Statement(s) to the Medical Staff

Inmate Rodriguez did not make any statement to medical staff.

Statement(s) to Facility

Inmate Rodriguez did not make any statement to the facility

Statement(s) to ID

It was determined that an interview with Inmate Rodriguez was not necessary for full disposition of the incident, as it was captured on Genetec and handheld video in its entirety.

Inmate Witness Statement(s) / Housing Area Canvass

Statement(s) to the Medical Staff

There were no involved witness statements provided by the facility.

Statement(s) to Facility

There were no witness statements provided by the facility.

Statement(s) to ID

UOF ID Number: 4068/20

It was determined that interviews with potential witness inmates were not necessary for full disposition of the incident, as it was captured on Genetec and handheld video in its entirety.

Photographs

Incident Photo Report

The facility submitted (1) one photograph of Inmate Rodriguez depicting a refusal.

ID Photographs

Because no interviews were conducted at this level, Inmate Rodriguez was not photographed by ID at this time.

Staff Statement(s)

Officers Lewis, Damien #8106 and Williams, Temir #11475 submitted use of force reports that were consistent with video evidence and each other.

Officer La, James #18781, Ferraro, Peter #1805, Sylla, Philippe #4945, Galuzevsky, Aleksandr #8957, Santiago, Rosalyn #4429, Ognayore, Christopher #4961, Campbell, Dwight #4586, Pegues, Nishanda #6264, Pierre-Louis, John #11494 Captain Gibson, Shaday #1046, and Captain Moise, Bonar #1451 submitted use of force witness reports that were consistent with video evidence and each other.

Injuries

Inmate Injuries

Inmate Rodriguez: Inmate Injury to Inmate Report #FY21/765 generated for Inmate Rodriguez on August 31, 2020 at approximately 2331 hours documented that Inmate Rodriguez refused medical attestation and denied any injuries.

Inmate Rodriguez received delayed medical attention approximately five hours and sixteen minutes after the incident occurred. Therefore, a facility referral has been generated to address this issue.

Staff Injuries

There were no staff injuries reported for this incident.

Avoidable/Unavoidable, Necessary, and/or Excessive
 This use of force was determined to be unavoidable, necessary, and appropriate. Inmate Rodriguez lit a fire in his cell and then refused to verbal commands to exit while swatting at staff. In order to gain compliance and remove Inmate Rodriguez from potential harm, Officers Lewis and Williams dispersed their chemical agents from an appropriate distance towards Inmate Rodriguez's facial area.

UOF ID Number: 4068/20

Officer Galuzevsky used escort holds to his arms to escort him safely out of his cell with no further incident. Officer Lewis, Williams, and Galuzevsky's actions were necessary to maintain safety and security. Force was used as a last resort where all other means had proven to be ineffective. Additionally, use of chemical agents and control holds are low on the continuum of force as defined by use of force directive 5006R-D. Therefore, staff was determined to be in accordance with Directive 5006R-D and Directive 4510R-H.

Intake Classification Assessment

This incident was properly classified as a "C" use of force as there were no injuries to the inmate or staff involved in the incident.

Referral to the Department of Investigations

This incident was not referred to the Department of Investigations due to no discovery of criminal malfeasance.

Rapid Review

According to the Rapid Review which was conducted by Deputy Warden Shannon this incident was unavoidable, and the force was necessary. There were no painful escort techniques or procedural errors identified. Furthermore, the Facility did not recommend any counseling or corrective action for this incident. ID concurred with this assessment.

Conclusion

In conclusion, on August 31, 2020 at approximately 1815 hours inside MDC 9 South housing area, Inmate Rodriguez started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell, he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the Intake where he was promptly decontaminated, with out further incident.

Inmate Rodriguez received delayed medical attention approximately five hours and sixteen minutes after the incident, which he refused. Medical staff noted no injuries. Inmate Rodriguez refused to provide a statement to the facility or to be photographed. It was determined that an interview with Inmate Rodriguez was not necessary for full disposition of the incident as it was captured on Genetec and handheld video in its entirety. As such, Inmate

UOF ID Number: 4068/20

Rodriguez's credibility was not assessed. Additionally, the involved staff members submitted reports that were consistent with video evidence and each other.

This incident was properly classified as a "C" use of force as there were no injuries to the inmate or staff involved in the incident. Inmate Rodriguez did not receive medical attention within the four-hour timeframe, therefore a facility referral has been generated to address the delay in medical attention.

The provided rapid review noted no procedural errors or need for corrective action. ID concurred with the Rapid Review assessment. This incident was unavoidable, necessary and appropriate as outlined in the continuum of force in Use of Force Directive 5006R-D.

Immediate Action

No immediate action was deemed necessary for this incident.

Recommendation

Based on the preponderance of the evidence as cited in the conclusion, it is recommended that this case be closed with a facility referral for delayed medical attention.

Staff Reassignment During Investigation:	No
DOI Referral for Staff:	No
DOI Referral for Inmate:	No
Injury Properly Classified:	Yes
Review End Date:	Sep 15 2020
Workflow Action:	Approve Preliminary Review - PIC (close Incident)
Created Date:	Tahkyia Willis (TWillis)
Updated By:	
Updated Date:	Sep 29 2020 3:49PM

	CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE WITNESS REPORT				FORM #6006-A-1 EM : 9/27/2017																				
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																						
Facility: MDC	Report Date: 8/31/2020	Incident Date: 8/31/2020	Incident Time: 1815	Facility Incident #:	COD Use of Force #:																				
			<small>If you used force, complete PART A, NOT this report.</small>																						
Location Where Incident Occurred: Cell 3			Post Assigned at Time of Incident: ESU Supervisor																						
			Tour: 1500x2331																						
1 Did any other inmates witness the incident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Last Name</th> <th style="width: 33%;">First Name</th> <th style="width: 33%;">Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>						Last Name	First Name	Book and Case or Sentence Number	1			2			3										
Last Name	First Name	Book and Case or Sentence Number																							
1																									
2																									
3																									
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Last Name</th> <th style="width: 33%;">First Name</th> <th style="width: 33%;">Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Peter</td> <td>3491603090</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>						Last Name	First Name	Book and Case or Sentence Number	1	Peter	3491603090	2			3										
Last Name	First Name	Book and Case or Sentence Number																							
1	Peter	3491603090																							
2																									
3																									
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name</th> <th style="width: 25%;">First Name</th> <th style="width: 15%;">Rank/Title</th> <th style="width: 15%;">Shield/ID Number</th> <th style="width: 15%;">Used Force Was a Witness / Present</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Damien</td> <td>CO</td> <td>8106</td> <td><input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present</td> </tr> <tr> <td>2</td> <td>Temir</td> <td>CO</td> <td>11475</td> <td><input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present</td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present</td> </tr> </tbody> </table>						Last Name	First Name	Rank/Title	Shield/ID Number	Used Force Was a Witness / Present	1	Damien	CO	8106	<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present	2	Temir	CO	11475	<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present	3				<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
Last Name	First Name	Rank/Title	Shield/ID Number	Used Force Was a Witness / Present																					
1	Damien	CO	8106	<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present																					
2	Temir	CO	11475	<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present																					
3				<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present																					
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):																									
<p>On Monday August 31, 2020 at approximately 1815hrs ESU Captain Moise 1451 was notified via radio that inmate Rodriguez, Peter B/C 3491603090 NYSID 09839298P cell 3 (incarcerated for murder and kidnapping and known for assaulting staff) started a fire in his cell.</p>																									
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:																									
<p>Inmate was ordered to stop resisting.</p>																									
6 Describe the incident and the specific force used (Including the actions of any staff involved in or present during the incident, including yourself):																									
<p>When approaching inmate Rodriguez cell there was heavy smoke coming from the bottom of the cell. ESU staff had possession a fire extinguisher. ESU staff then opened the cell door to render aid to inmate Rodriguez. ESU staff began extinguishing the fire in front of the cell/ hanging sheets that were also on fire. While extinguishing the fire said inmate was threatening staff becoming irate and began to advance toward staff aggressively. Thats when ESU staff applied chemical agents to the facial area of said inmate. After the chemicals agents took it desired effect. Said inmate was then placed in mechanical resistants and escorted out of the area to the intake for decontamination. Inmate Rodriguez was placed in the shower pen starting the decontamination processes with no further incidents.</p>																									

Continued on Reverse Side

DEF 000019

DEF 000020

(Continued)

9

CONFIDENTIAL - For Use Only in Rodriguez v. City of New York et al., 20-cv-9840 (JHR)

<p>7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p><input type="checkbox"/> N/A</p>	
<p>8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p>Facial area</p>	
<p>9 Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p> </p> <p> </p>	
<p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p>Moise, Bonar Captain 1451</p>	
<p>Signature: </p>	

CITY OF NEW YORK - CORRECTION DEPARTMENT

FORM #5006-A

EFF. : 8/27/2017

USE OF FORCE REPORT

PART A

INSTRUCTIONS: PRINT ALL INFORMATION

To be completed by any member involved in a use of force incident.
Use attachments if additional space is needed and indicate Part and
Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT

AT THE SCENE?

USED FORCE

WITNESS/PRESENT AT THE SCENE

If WITNESS or only PRESENT, then complete PART A-1, NOT this report.

Facility:

MDC

Report Date:

8/31/20

Incident Date:

8/31/20

Incident Time:

1815 hrs

Facility Incident #:

A-1815

COD Use of Force #:

A-1815

COD Unusual # if any:

A-1815

Location Where Incident Occurred:

9 South

Post Assigned at Time of Incident:

MDC Enhanced Security Detail

Tour:

1500 x 2331 hrs

1 Was Supervisor notified before force was used? YES NO If YES, write in full NAME, RANK and SHIELD #:

2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #:

Morse, Ronan CPT #1451

Time Notified:

1815 hrs

3 State name(s) of inmate(s) against whom force was used:

Last Name

First Name

B&C or Sent. Number

Infraction Written?

1 Rodriguez

Peter

349-160-3090

YES

NO

2

4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

On Monday August 31, 2020 on the 1500x2331 hrs tour, I Go to Post 8106 assigned to the MDC Enhanced Security Detail Post, along with ESU Staff under the supervision of Captain Morse #1451, were deployed to MDC housing area 9 South, which is an ongoing Enhanced Security detail to provide security and supervise inmate movement during all three tours. ESU Staff are deployed to facilities to handle inmate disturbances beyond the facility control.

Detail #8106

5 Were alternatives, such as verbal commands, attempted before force was used? YES NO If YES, describe:

This writer did not hear verbal Commands, nor did I get a chance to give verbal Commands.

6 Describe the incident and the specific force used:

At approximately 1815 hrs, ESU Staff responded to a cell fire at Cell # 3 which was started by inmate Rodriguez Peter BC # 349-160-3090. ESU Staff instructed MDC Staff to leave the area as ESU Staff took over the task to put out the cell fire. Cell door was opened, and inmate Rodriguez was instructed to face the back of the cell, with his hands on his head. Said inmate did comply, as ESU Staff was utilizing the water fire extinguisher to put the fire out, inmate Rodriguez spontaneously faced ESU Staff and became aggressively resistant by advancing toward ESU Staff in an attempt to come out of his cell and what appeared to assault Staff. At this time this writer utilized one-two second burst to the facial area or chemical agents. Chemical agents appeared to take its desired effect, and inmate Rodriguez was instructed to place his hands by his side and he complied. This writer along with ESU Staff donned our Avon C-50 gas mask.

Continued on Reverse Side

Continued on Reverse Side

DEF 000021

DEF 00002Z

(Continued)

and ESU Staff entered thereall Securing Said inmate and placing him in mechanical restraints, and removed him out of the housing area. ESU Staff not including this writer Escorted Said inmate to the main intake for decontamination terminating the incident.

Levis # 8106

7 Explain in detail why force was necessary to control the situation:

As a last resort and where there are no practical alternatives available to prevent physical harm to staff, visitors, inmates or other persons

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Force was applied to Said inmates facial area from chemical agents visibly face was red from chemical agent attack

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain Moise #1451

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
Williams	CO	11475	Used force

1

Name	Rank/Title	Shield/ID Number	Account of Actions
Goluzovskiy	CO	8957	Witness / Present

2

Name	Rank/Title	Shield/ID Number	Account of Actions
Sylla	CO	4945	Witness / Present

3

11 Did any other inmates witness the incident? YES NO If YES, specify: Unknown

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Levis Damon CO # 8106

Signature:

Da...ds

	CITY OF NEW YORK – CORRECTION DEPARTMENT				FORM #5006-A-1	Eff.: 9/27/2017																				
USE OF FORCE WITNESS REPORT					PART A-1																					
INSTRUCTIONS : PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and information Section # on each attached page.					DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS / PRESENT AT THE SCENE?																					
<input type="checkbox"/> USED FORCE					<input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE																					
<small>If you used force, complete PART A, NOT this report.</small>																										
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:																				
MDC	8/31/20	8/31/20	1815																							
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:																						
9 South		ESU RKT		1500X 2331																						
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Last Name</th> <th style="width: 10%;">First Name</th> <th style="width: 80%;">Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>							Last Name	First Name	Book and Case or Sentence Number	1			2			3										
Last Name	First Name	Book and Case or Sentence Number																								
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2																										
3																										
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Last Name	First Name	Book and Case or Sentence Number																								
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2																										
3																										
3 State the name(s) of any other staff involved in or present at the time of the incident:																										
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Last Name	First Name	Rank	Shield Number	Actions																						
1	Lewis	Daermen	CO	<input checked="" type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness/Present																						
2	Moise	Bonner	Capt	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness/Present																						
3	Galuzevskiy	Aleksandr	CO	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness/Present																						
<small>If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</small>																										
4 On Monday August 31 2020 1815 hrs while working on the 1500X 2331 tour rapid response team 1 CO Silla #4945 was assigned to the MDC 9 South enhance security detail under the supervision of ESU Capt 1 CO #1451																										
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:																										
20-CV-09840 (GHW)																										
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):																										
CO Silla #4945 witness cell #3 on fire with Inmate Rodriguez, Peter B#31491b0320 Inside. ESU staff quickly grabbed the fire extinguisher to put out fire. This writer witness said Inmate attempted to assault ESU staff. At this time chemical agents was utilized by ESU staff to prevent assault on staff. Said inmate was taken to intake to start decontamination process. no other incident to report.																										
20-CV-09840 (GHW)																										
<small>Continued on Reversed Side</small>																										

Continued on Reversed Side

DEF 000023

(Continued)

DEF 000024

6

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20. Sylva, Philippe

7 To the extent applicable, identify the name(s) of any staff Member who authorized and/or supervised the incident:
 Capt Mychal J. Sylva

8 Identify the part(s) of the inmate's body/ bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
 Back

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:
 Sylva, Philippe, CO #4945

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Signature: *PSyl*

		CITY OF NEW YORK - CORRECTION DEPARTMENT				FORM #5006-A-1	Eff. : 9/27/2017																
		USE OF FORCE WITNESS REPORT				PART A-1																	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																			
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:																	
MDC	8/31/20	8/31/20	1815																				
Location Where Incident Occurred:		Post Assigned at Time of Incident:		Tour:																			
9 South		ESU		1500X2331																			
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: <u>Unknown</u>																							
<table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Book and Case or Sentence Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>		Last Name	First Name	Book and Case or Sentence Number	1			2			3												
Last Name	First Name	Book and Case or Sentence Number																					
1																							
2																							
3																							
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Book and Case or Sentence Number</td> </tr> <tr> <td>1 Rodriguez</td> <td>Peter</td> <td>3491603090</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>								Last Name	First Name	Book and Case or Sentence Number	1 Rodriguez	Peter	3491603090	2			3						
Last Name	First Name	Book and Case or Sentence Number																					
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2																							
3																							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Rank/Title</td> <td>Shield/ID Number</td> </tr> <tr> <td>1 Lewis</td> <td>Damien</td> <td>C/O</td> <td>81060</td> </tr> <tr> <td>2 Williams</td> <td>Jemic</td> <td>C/O</td> <td>1485</td> </tr> <tr> <td>3 Santiago</td> <td>Rosalyn</td> <td>C/O</td> <td>59429</td> </tr> </table>								Last Name	First Name	Rank/Title	Shield/ID Number	1 Lewis	Damien	C/O	81060	2 Williams	Jemic	C/O	1485	3 Santiago	Rosalyn	C/O	59429
Last Name	First Name	Rank/Title	Shield/ID Number																				
1 Lewis	Damien	C/O	81060																				
2 Williams	Jemic	C/O	1485																				
3 Santiago	Rosalyn	C/O	59429																				
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p>On Monday August 31, 2020 at approx 1815 hrs I C/O Galazevskiy #8957 assigned to ESU on the 1500X2331 tour at MDC 9 south witnessed inmate Rodriguez Peter BC# 3491603090 set a fire within his cell, cell # 3. This writer then notified ESU supervisor.</p>																							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <p>Multiple commands were given to put out the fire.</p>																							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): This writer then grabbed the fire extinguisher from the floor. Officer to be prepared to put out the fire. Once ESU supervisor said to open the cell this writer immediately began to pour aid and put out the fire in cell # 3. While putting out the fire Inmate Rodriguez began to become hostile and started charging at ESU staff. Chemical agents was then utilized by ESU staff to stop said inmate from assaulting staff. Said inmate was then secured and escorted out of the housing area and into the intake. No further incident to report. At no time did this writer use force.																							
Continued on Reverse Side																							

DEF 000025

DEF 000026

9 (Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

 CPT. moise # 1451

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate: facial area

9 Were you responsible for escorting the inmate(s) to the clinic?

 YES NO

If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (PRINT LAST NAME, FIRST NAME, RANK and SHIELD #)

Galuzhevskiy Aleksandr c/o 8957

Signature

Aly

		CITY OF NEW YORK - CORRECTION DEPARTMENT				FORM #8006-A	EN. : 9/27/2017
		USE OF FORCE REPORT				PART A	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member involved in a use of force incident. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If WITNESS or only PRESENT, then complete PART A-1, NOT this report.</small>			
Facility:	800	Report Date:	8/31/20	Incident Date:	8/31/20	Incident Time:	1815
Facility Incident #:	COD Use of Force #:		COD Unusual # if any:				
Location Where Incident Occurred:	Post Assigned at Time of Incident:		Tour:				
1	Was Supervisor notified before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, write in full NAME, RANK and SHIELD #:				Captain Maise 1451		
2	Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #:				Time Notified:		
3	State name(s) of inmate(s) against whom force was used:						
	1 Rodriguez	First Name	B&C or Sent. Number	Infraction Written?			
	2 Petre		34916 03090	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
4	Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):						
<p>On August 31 2020 at approximately 1815 hours during the 3 cell tour while assigned to ESU's Enhanced Security detail at NYC I COT 6/Minn 11475 was deployed to housing area 9 South under the direct supervision of Captain Maise 1451 due to a fire condition coming from Cell 13</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>							
5	Were alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:						
<p>Inmate Rodriguez was instructed to "step back" turn around" place hands behind back" by the writer.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>							
6	Describe the incident and the specific force used:						
<p>Inmate Rodriguez Petre #34916 03090/09992987 had started a fire in his Cell (3) This writer along with other ESU members responded with a fire extinguisher and put out the fire. Condition inmate Rodriguez became writer and aggressively charged out of his cell. This writer then utilized 1 two second burst of oleoresin Capsicum to inmate Rodriguez head area while giving direct orders to stop his rampage. The chemical agent took the desired effect inmate Rodriguez complied with verbal commands given placing his hands behind his back. Restraints were applied and inmate Rodriguez was escorted out of housing area to a shower pin in intiate to start the decontamination process by ESU members without further incidents.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>							

Continued on Reverse Side

DEF 000027

DEF 000028

(Continued)

30 15 Williams 11475

7 Explain in detail why force was necessary to control the situation:
Force was necessary to prevent further injury to staff or inmates.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:
Physical agents applied to front areas of said inmate

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:
Captain Moise 1431

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident? YES NO
If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

Name	Rank/Title	Shield/ID Number	Account of Actions
Devereaux	Cpl	14961	
1	See Staff Report		

11 Were any other inmates witness the incident? YES NO If YES, specify:

Last Name	First Name	Book and Case or Sentence Number

12 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident? YES NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)
Williams Team Co 11475

Signature: 

	CITY OF NEW YORK - CORRECTION DEPARTMENT					FORM #8006-A-1	EFT. : 9/27/2017	
USE OF FORCE WITNESS REPORT							PART A-1	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>				
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:		COD Unusual # if any:	
MDC	8/31/20	8/31/20	Apprx. 1815					
Location Where Incident Occurred:			Post Assigned at Time of Incident:			Tour:		
9 South			ESU-MDC Enhanced Security			150DX-2331		
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:								
1 Unknown								
2								
3								
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:								
1 Rodriguez Peter								
2								
3								
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:								
1 Lewis Damien CO 8108								
2 Williams Terri CO 11475								
3 Galuzevskiy Aleksandr CO 11477								
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):								
On Monday, August 31, 2020, 1, CO Rodriguez #11479 assigned ESU-MDC Enhanced Security Detail on the 150DX-2331 tour, was stationed in MDC under the direct supervision of Capt. Dixie #140, to conduct enhanced security for 9 South. This writer reported to 9 South due to a fire condition at apprx. 1815 hrs.								
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:								
RMT 8/31/2020 Use of Force Report								
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): At 1815 hrs, inmate Rodriguez, Peter BIC 34916030910 utilized a fire extinguisher to terminate the fire, at which time CO Lewis #8108 and CO Williams #11475 utilized chemical agents. This writer could not physically see the inmate. This writer then donned her gas mask. Said inmate was secured in mechanical restraints as the chemical agents took its desired effect. He was escorted out of the area.								

Continued on Reverse Side

DEF 000029

DEF 000030

6	(Continued)	
<p style="text-align: center;"><i>6/27/2021, City of New York et al. v. Dept. of Justice</i></p> <p style="text-align: center;"><i>for Use Only in Redacted Copy</i></p>		
<p><i>RE</i></p>		
<p><i>7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</i></p> <p><i>Dept. Nurse #1451 on scene</i></p>		
<p><i>8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</i></p> <p><i>Unknown</i></p>		
<p><i>9 Were you responsible for escorting the inmate(s) to the clinic?</i></p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p><i> </i></p>		
<p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p><i>Santiago, Rosalyn CD #4429</i></p>		<p>Signature:</p> <p><i>R. Santiago</i></p>

CITY OF NEW YORK - CORRECTION DEPARTMENT		FORM #6008-A-1	REV. 9/27/2017																							
USE OF FORCE WITNESS REPORT				PART A-1																						
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DO YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>		2020-08-31 (GMW)																						
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:																				
MDL	8-31-20	8-31-20	1715																							
Location Where Incident Occurred:		Post Assigned At Time of Incident:		Tour:																						
9 SOUTH		ESU MDC Detail		3 X 11																						
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">1</td><td style="width: 40%;">Last Name</td><td style="width: 40%;">First Name</td><td style="width: 20%;">Book and Case or Sentence Number</td></tr> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </table>							1	Last Name	First Name	Book and Case or Sentence Number	1				2				3							
1	Last Name	First Name	Book and Case or Sentence Number																							
1																										
2																										
3																										
2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">1</td><td style="width: 40%;">Last Name</td><td style="width: 40%;">First Name</td><td style="width: 20%;">Book and Case or Sentence Number</td></tr> <tr><td>1</td><td>Rodriguez</td><td>Peter</td><td>3491603080</td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </table>							1	Last Name	First Name	Book and Case or Sentence Number	1	Rodriguez	Peter	3491603080	2				3							
1	Last Name	First Name	Book and Case or Sentence Number																							
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2																										
3																										
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">1</td><td style="width: 40%;">Last Name</td><td style="width: 40%;">First Name</td><td style="width: 10%;">Rank/Title</td><td style="width: 10%;">Shield/ID Number</td></tr> <tr><td>1</td><td>Williams</td><td>Tenir</td><td>C/O</td><td>114075</td></tr> <tr><td>2</td><td>Pearl-Lewis</td><td>John</td><td>C/O</td><td>10494</td></tr> <tr><td>3</td><td>Mosie</td><td>Bonner</td><td>Capt</td><td>11451</td></tr> </table>							1	Last Name	First Name	Rank/Title	Shield/ID Number	1	Williams	Tenir	C/O	114075	2	Pearl-Lewis	John	C/O	10494	3	Mosie	Bonner	Capt	11451
1	Last Name	First Name	Rank/Title	Shield/ID Number																						
1	Williams	Tenir	C/O	114075																						
2	Pearl-Lewis	John	C/O	10494																						
3	Mosie	Bonner	Capt	11451																						
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p>on Monday August 31, 2020 DURING 3 X 11 tour, I C/O right here #14961 while assigned to ESU/MDC Detail, observed inmate Rodriguez B/O started a fire in his cell (#3).</p>																										
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: <p>This writer Heard ESU STAFF tell said inmate to Stop Hurling and turn Around and place hands Behind back to be handcuffed.</p>																										
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <p>Writer Said inmate set fire in his cell, thus writer along with other ESU STAFF went to his cell to put out the fire with fire extinguisher to prevent said inmate from burning him self or others. From this writer's viewpoint, this writer was only able to see chemical agent being deployed when said inmate failed to comply with ESU staff verbal commands. This writer then observe said inmate handcuffed by ESU staff before this writer then took over the escort of said inmate before escorting said inmate outside the housing area. At this point, I relieved my escort hold to another ESU staff.</p>																										
Continued on Reverse Side																										

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(Continued)

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To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain noise #1451 Supervised the incident.

Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Chemical Agent was Deployed to inmates Facial Area.

Were you responsible for escorting the inmate(s) to the clinic? YES NO. If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

oghayore, Christopher 40 #4981

Signature:

C. J. O.

	CITY OF NEW YORK - CORRECTION DEPARTMENT						FORM #5006-A-1		Eff. : 9/27/2017																				
USE OF FORCE WITNESS REPORT										PART A-1																			
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?																									
				<input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete Part A-1 of this report. 01 07																									
Facility:		Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:		COD Unusual # if any:																					
mDC		8/31/20	8/31/20	1815																									
Location Where Incident Occurred:			Post Assigned at Time of Incident:			Tour:			3X11																				
9 South Cell # 3			ESG RPT																										
1 Did any other inmates witness the incident?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:																									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Last Name	First Name	Book and Case or Sentence Number	1				2				3							
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1	Pegues		CO	6240																									
2	Sylva		CO	4445																									
3	Lewis		CO	6206																									
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):																													
On Monday August 31, 2020 I CO Campbell # 4586 assigned to emergency service unit on the 3X11 tour was assigned to mdc detail under the supervision of Captain Morse # 1815																													
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:																													
At approximately 1815 hours, inmate Peter Rodriguez # 3491603090 refused all verbal commands to exit his cell due to his cell being on fire.																													
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):																													
Inmate Peter Rodriguez b/c 3491603090 refused all direct order to exit his burning cell as staff members began to extinguish the fire. Said inmate became very irate and charged at staff at which time chemical agents was utilized and has taken its desire effect. Inmate was taken to the main chitka shower pen terminating all incidents.																													

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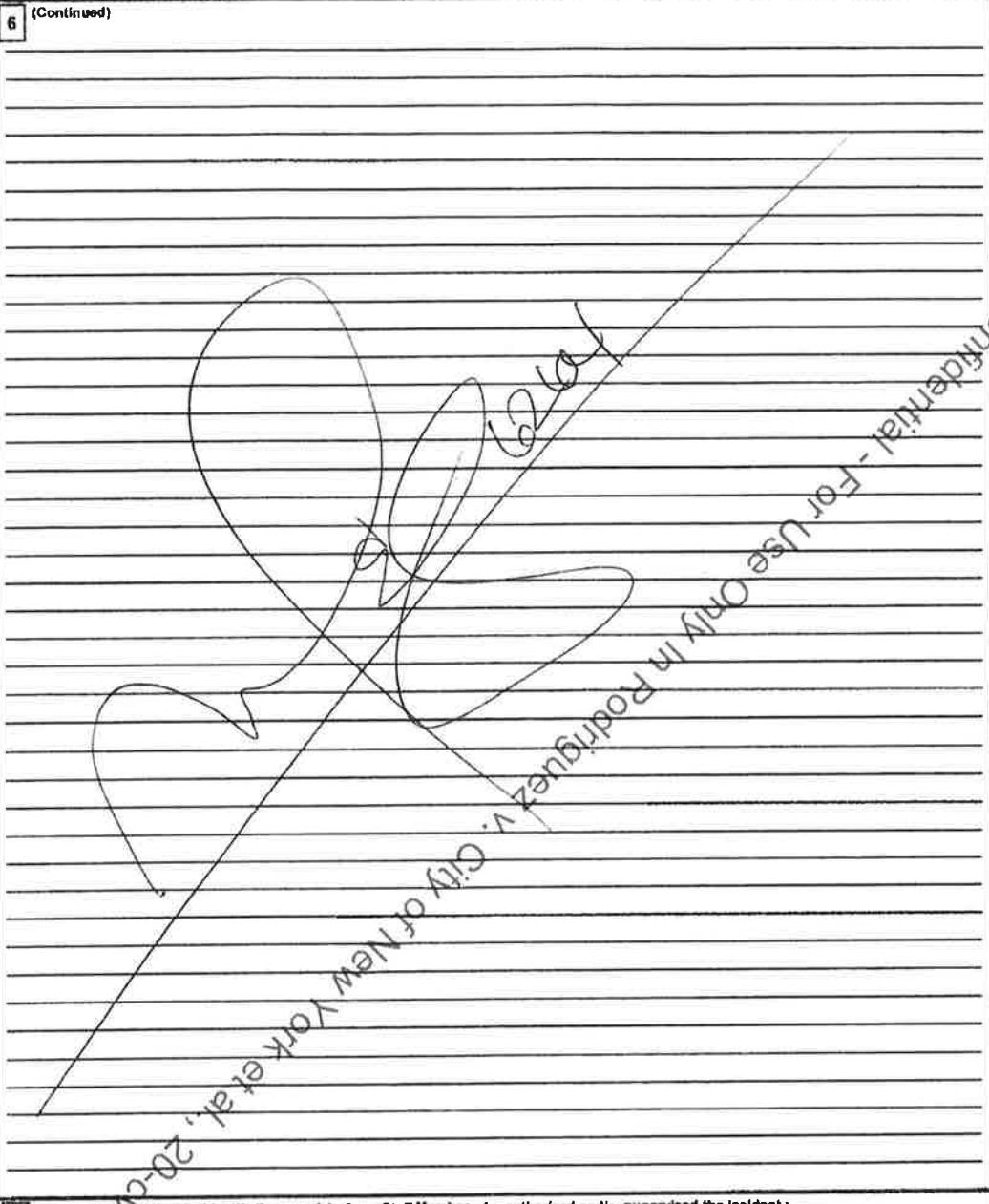
<input type="checkbox"/> 9 (Continued) <div style="position: absolute; right: 0; top: 0; transform: rotate(-45deg); transform-origin: right top; width: 200px; height: 200px; background-color: white; border: 1px solid black; border-radius: 50%;"></div>	
<p style="text-align: center; font-size: 10px; margin: 0;">Continental, For Use Only in Rodriguez v. City of New York et al., 20-cv-09840-JHR (ADM)</p>	
<p><input type="checkbox"/> 7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p>Chemical agents was utilized under Captain Moize Supervision #1451</p>	
<p><input type="checkbox"/> 8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p>Chemical agents</p>	
<p><input type="checkbox"/> 9 Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p>_____</p> <p>_____</p>	
<p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p>Campbell, Wright CO # 9586</p>	
<p>Signature:</p> <p>Digital Signature</p>	

	CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE WITNESS REPORT						FORM #5006-A-1	Eff. : 9/27/2017																				
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.				DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																								
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:																						
MDC	8/31/20	8/31/20	Approx 1815																									
Location Where Incident Occurred:		Post Assigned at Time of Incident:			Tour:																							
9 South Cell #3		ESU - camera			1500X2331																							
<p>1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list it:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last Name</td> <td style="width: 20%;">First Name</td> <td style="width: 60%;">Book and Case or Sentence Number</td> </tr> <tr> <td>1 UNKNOWN</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>									Last Name	First Name	Book and Case or Sentence Number	1 UNKNOWN			2			3										
Last Name	First Name	Book and Case or Sentence Number																										
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3																												
<p>3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last Name</td> <td style="width: 20%;">First Name</td> <td style="width: 15%;">Rank/Title</td> <td style="width: 15%;">Shield# Number</td> <td style="width: 30%;">Used Force Was a Witness / Present</td> </tr> <tr> <td>1 Lewis</td> <td>Damien</td> <td>C.O.</td> <td>8916</td> <td><input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present</td> </tr> <tr> <td>2 Williams</td> <td>Tomir</td> <td>C.O.</td> <td>1415</td> <td><input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present</td> </tr> <tr> <td>3 Shila</td> <td>Phillipe</td> <td>C.O.</td> <td>445</td> <td><input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present</td> </tr> </table>									Last Name	First Name	Rank/Title	Shield# Number	Used Force Was a Witness / Present	1 Lewis	Damien	C.O.	8916	<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present	2 Williams	Tomir	C.O.	1415	<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present	3 Shila	Phillipe	C.O.	445	<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present
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3 Shila	Phillipe	C.O.	445	<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present																								
<p>4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</p> <p>On August 31st 2020 on the 1500 x 2331 tour I C.O. Register # 6264 was assigned to the MDC Enhanced Security Detail under the direct supervision of Captain Nurse # 1451. At 1815 hours Inmate Rodriguez.</p>																												
<p>5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:</p> <p>Verbal commands were given to inmate to back out of the cell.</p>																												
<p>6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):</p> <p>Before b/c 349160/20090 NYSID 098913298P circled a fire condition in his cell. ESU staff then opened up cell # 3 and utilized the fire extinguisher to gain control of the situation, while gaining control of the fire said inmate began advancing toward ESU staff at which time chemical agents were deployed. Chemical agents took its desired effect, said inmate was secured utilizing mechanical restraints. ESU staff then assisted inmate Rodriguez to main intake shower pan. Inmate was relinquished to intake staff terminating the incident.</p>																												

Continued on Reverse Side

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<input type="checkbox"/> (Continued)	
	
<input type="checkbox"/> To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident: <i>Captain House 1451</i>	
<input type="checkbox"/> Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate: <i>Chemical agents were applied to the inmates facial area.</i>	
<input type="checkbox"/> Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you: 	
Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #) <i>Hernies N #C.O 6261</i>	
Signature: 	

CITY OF NEW YORK - CORRECTION DEPARTMENT

FORM #5006-A-1

ER: 9/27/2017

USE OF FORCE WITNESS REPORT

PART A-1

INSTRUCTIONS: PRINT ALL INFORMATION
To be completed by any member witnessing a use of force incident
or present at the scene of a use of force. Use attachments if
additional space is needed and indicate Part and information
Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT
AT THE SCENE?
 USED FORCE WITNESS/PRESENT AT THE SCENE
 If you used force, complete PART A, NOT this report.

Facility: MDC Report Date: 08-31-20 Incident Date: 8-31-20 Incident Time: 1515 Facility Incident #: COD Use of Force #: COD Unusual #: If any:

Location Where Incident Occurred: 9 South / cell 3 Post Assigned at Time of Incident: ESU MPC Tour: 1521 x 2331

1 Did any other inmates witness the incident? YES NO If YES, List #: _____

	Last Name	First Name	Book and Case or Sentence Number
1			
2			
3			

2 Did you see force used against an inmate(s)? YES NO If YES, state name(s) of inmate(s) against whom force was used:

	Last Name	First Name	Book and Case or Sentence Number
1	Rodriguez	Peter	3491603070
2			
3			

3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:

	Last Name	First Name	Rank/Title	Shaded Unshaded
1	MOISE		CPT	X 14751
2	WILLIAMS		CC	11475
3	GRABURECKY		CPT	18015

4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address his situation and there was time to prepare a plan of action prior to using force):

ON Monday August 31st 2020. I c.c. Person-Lars #1491 Assigned to ESU MPC Detail on the 1521 x 2331 tour at approximately 1515 hours this writer and ESU Staff responded to a Smoke Alarm at housing unit 9 South, cell #43.

5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? YES NO If YES, describe:

This writer gave inmate Rodriguez direct orders to face the back of his cell and place his hands behind his back

6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):

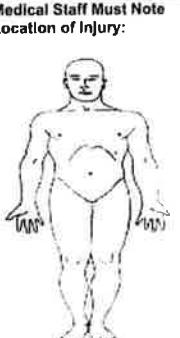
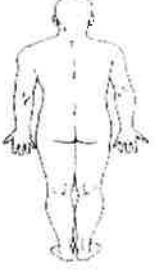
Upon Entering the cage cell #43 said inmate cell was on fire ESU staff utilized the fire extinguisher and took out portion of the fire while utilizing the fire said inmate charged at staff which caused ESU staff to utilized M4 (pepperin Capicum) to the facial area. said inmate stopped ceasing the aggression this writer had cell said inmate and brought him to the main intake to DeContamine Incide the shower pen. No further incidents occurred.

- Continued on Reverse Side

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CORRECTION DEPARTMENT CITY OF NEW YORK		Form: 167R-A Rev.: 10/3/19 Ref.: Dir. 4516R-D	
INJURY TO INMATE REPORT			
INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.			
Command: MDC	Date: 8-31-20	COD/UOF #: 	Injury #: 7105
TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).			
Inmate Name (Last Name, First Name): Rodriguez Peter Location Where Injury Occurred: 3 cell Inmate's Housing Area: 9 South NYSID #: 09839298P Book & Case/Sentence #: 3491603090 Details: On August 31 2020 at approximately 1:15 hrs inmate Rodriguez Peter B/C 3491603090 NYSID 09839298P created a still fire in his cell #3. Fire was extinguished resulting in a use of force with DOC staff			
Supervisor Notified (Print Last Name, First Name, Rank, Shield #): Gibson Capt 1046		Date: 8-31-20	Time: 1815 Hrs
Employee: <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not Witness This Injury.)	Employee Full Name (print): Mintosh	Employee Signature: 	Rank/Title: C/O
TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)			
Date of Injury: 8/31/20	Reported for Medical Attention: Date 8/31/20 11:30 AM	Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nature/Reported Mechanism of Injury: It's device injury / print - It further refused medical services. No signs of gross injury		Medical Staff Must Note Location of Injury:  	
Serious injuries confirmed during initial evaluation (Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed): <input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear <input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI <input checked="" type="checkbox"/> NO SERIOUS INJURY <input type="checkbox"/> Pending - Requires Further Evaluation			
Treatment: None - Indicated			
Disposition and Transportation Requirements (If applicable): Please check which apply			
<input type="checkbox"/> Urgicare / X-Ray <input type="checkbox"/> Hospital Transfer: <input type="checkbox"/> EMS <input type="checkbox"/> Intra-Departmental Transfer <input checked="" type="checkbox"/> None / Return to Housing Area			
Initially Triage/Treated By/Examined By (Print and Sign Full Name): Christopher M. Christopher, MHS PA		Date: 8/31/20	Time: 11:34 AM
I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:			
Inmate Signature: X Refused	B&C / Sentence #: 3491603090	Date: 	
Witnessed By (Signature): SJM	Rank/Title: C/O	Shield I.D. #: 11757	Date: 8/31

DEF 000041

 CORRECTION DEPARTMENT CITY OF NEW YORK		INMATE VOLUNTARY STATEMENT FORM		Form: IVS-1 Eff.: 1/24/19	
Inmate's Name: <i>Rodriguez Peter</i>		Date: <i>8-31-20</i>			
Book and Case Number: <i>3491603090</i>	Date of Birth: <i>1990</i>	Age:	Housing Area: <i>9 south</i>		
<p>I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.</p> <p><i>Refused</i></p> <p>12 lines for statement</p>					
Inmate's Signature: <i>Refused</i>		Date: <i>8-31-20</i>			
Witness by (print name): <i>Gibson</i>	Witness Signature:	Rank: <i>Capt</i>		Shield Number: <i>1046</i>	

DEF 000042

		CITY OF NEW YORK - CORRECTION DEPARTMENT			FORM #5006-A-1		Eff. : 9/27/2017																													
USE OF FORCE WITNESS REPORT						PART A-1																														
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>																																	
Facility: MDC	Report Date: 8/31/20	Incident Date: 8/31/20	Incident Time: approx1815	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:																														
Location Where Incident Occurred: 9 south #5 cell		Post Assigned at Time of Incident: North Max		Tour: 1500x2331																																
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 40%;">Book and Case or Sentence Number</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table>									1	Last Name	First Name	Book and Case or Sentence Number	1				2				3															
1	Last Name	First Name	Book and Case or Sentence Number																																	
1																																				
2																																				
3																																				
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 40%;">Book and Case or Sentence Number</th> </tr> <tr> <td>1</td> <td>RODRIGUEZ,</td> <td>PETER</td> <td>3491603090</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table>									1	Last Name	First Name	Book and Case or Sentence Number	1	RODRIGUEZ,	PETER	3491603090	2				3															
1	Last Name	First Name	Book and Case or Sentence Number																																	
1	RODRIGUEZ,	PETER	3491603090																																	
2																																				
3																																				
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 15%;">Rank/Title</th> <th style="width: 10%;">Shield/ID Number</th> <th style="width: 10%;">Used Force</th> <th style="width: 10%;">Was a Witness / Present</th> </tr> <tr> <td>1</td> <td>GALUZEVSKIY</td> <td></td> <td>CO</td> <td>8951</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>LEWIS</td> <td></td> <td>CO</td> <td>6106</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Moise</td> <td></td> <td>Capt</td> <td>1451</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>									1	Last Name	First Name	Rank/Title	Shield/ID Number	Used Force	Was a Witness / Present	1	GALUZEVSKIY		CO	8951	<input type="checkbox"/>	<input type="checkbox"/>	2	LEWIS		CO	6106	<input type="checkbox"/>	<input type="checkbox"/>	3	Moise		Capt	1451	<input type="checkbox"/>	<input type="checkbox"/>
1	Last Name	First Name	Rank/Title	Shield/ID Number	Used Force	Was a Witness / Present																														
1	GALUZEVSKIY		CO	8951	<input type="checkbox"/>	<input type="checkbox"/>																														
2	LEWIS		CO	6106	<input type="checkbox"/>	<input type="checkbox"/>																														
3	Moise		Capt	1451	<input type="checkbox"/>	<input type="checkbox"/>																														
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): <p>On August 31, 2020, I Capt Gibson #1046 assigned to North Max on the 1500x2331 tour was informed by Officer Ferraro #1804 that inmate RODRIGUEZ, PETER B/C 3491603090 NY SID 09839298P of cell #3 had started a still fire in his cell. Said Officer retrieved the fire extinguisher and started to extinguish the fire through the slot, at which time Capt Moise entered the area and gave Officer Ferraro a direct order to exit the area. ESU staff then opened the cell door and Officer GALUZEVSKIY began to extinguish the fire. This writer backed away from the cell door.</p>																																				
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe: <p>5</p>																																				
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): <p>6</p> <p>this writer was not in view of what was taking place inside the cell, but did observe Officer Lewis utilize his chemical agent. At which time this writer exited the area due to not having gas mask. Inmate Rodriguez was then escorted to the vestibule area in restraints awaiting an escort team terminating the incident. I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report pursuant to my further clarity of the incident and possible review of the video evidence.</p>																																				
<small>Continued on Reverse Side</small>																																				

DEF 000043

(Continued)

9

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

I Carl Gibson and Capt Moise

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

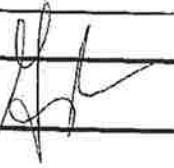
Force was applied to said inmates facial area

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Facet inmate was seen at approx 1130 hrs

Submitted by: (PRINT LAST NAME, FIRST NAME, RANK and SHIELD #)

Gibson Shaday Capt 1046

Signature: 

DEF 000044

CITY OF NEW YORK - CORRECTION DEPARTMENT						FORM #5006-A-1	EH. : 9/27/2017
USE OF FORCE WITNESS REPORT						PART A-1	
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.			DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE If you used force, complete PART A, NOT this report.				
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:	
MX	8/11/20	8/11/20	1800				
Location Where Incident Occurred:		Post Assigned at Time of Incident:			Tour:		
9 South 3 cell		9 South			3x11		
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:							
Last Name		First Name		Book and Case or Sentence Number			
1							
2							
3							
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used							
Last Name		First Name		Book and Case or Sentence Number			
1							
2							
3							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:							
Last Name		First Name		Rank/Title	Shield #	Number	
1	Gibson			Capt	900	<input type="checkbox"/> Used Force <input checked="" type="checkbox"/> Was a Witness / Present	
2						<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present	
3						<input type="checkbox"/> Used Force <input type="checkbox"/> Was a Witness / Present	
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): This writer was told by ESN Staff and housing Area supervisor to depart 9th floor.							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:							
<p>June 1805</p> <p>June 1805</p>							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): This writer was not present during UOF.							
<p>June 1805</p> <p>June 1805</p>							
NYC DOC MANHATTAN CORRECTIONAL FACILITY Continued on Reverse Side							

DEF 000045

9 (Continued)	
<p style="text-align: center;">591-Subm</p>	
<p>To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p><input checked="" type="checkbox"/> Captain Gibson # 1046</p>	
<p>8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p><input checked="" type="checkbox"/> This writer was not present during MOF.</p>	
<p>9 Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p>_____ _____ _____</p>	
<p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p>Ferraro, Peter, CO, 1805</p>	
<p>Signature:</p> <p>Jewno</p>	

DEF 000046

CITY OF NEW YORK - CORRECTION DEPARTMENT USE OF FORCE WITNESS REPORT				FORM #5006-A-1	Eff. : 9/27/2017		
INSTRUCTIONS: PRINT ALL INFORMATION To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.		DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE? <input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE <small>If you used force, complete PART A, NOT this report.</small>					
Facility:	Report Date:	Incident Date:	Incident Time:	Facility Incident #:	COD Use of Force #:	COD Unusual # if any:	
Facility: ADC		Report Date: 08/31/22	Incident Date: 08/31	Incident Time: 10:17:00	Facility Incident #:		Tour: 15uK 2330
Location Where Incident Occurred: 9 South Cell 03		Post Assigned at Time of Incident: 9 South					
1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #: 1 Rodriguez Peter 34916 0309A 2 3							
2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used: 1 2 3							
3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident: 1 2 3							
4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): This Writer was not present before the Incident							
5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe: (WITNESS) 08/31/22, 1 C/O LA #1 (878) 9 South 9 South 2330 hrs. At 10 MS. Rodriguez Peter B/c #34916 0309A Cell 03 was having (studying) Confection around his Cell. Then this writer was order to departing the housing area by ESU- supervisor thus this writer did not witness any JTF not using COT.							
6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): (WITNESS) 08/31/22, 1 C/O LA #1 (878) 9 South 9 South 2330 hrs. At 10 MS. Rodriguez Peter B/c #34916 0309A Cell 03 was having (studying) Confection around his Cell. Then this writer was order to departing the housing area by ESU- supervisor thus this writer did not witness any JTF not using COT.							
Continued on Reverse Side							

DEF 000047

6 (Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

9 Were you responsible for escorting the inmate(s) to the clinic? YES NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #) *James Lat* C/O #18781 | Signature: *h*

04/04/2014 10:41:20 AM - City of New York City Police Department - For Use Only in Rodriguez v. City of New York Case



The
City
of
New York

NEW YORK CITY DEPARTMENT OF CORRECTION
Cynthia Brann, Commissioner

Sarena Townsend, Esq., Deputy Commissioner
Investigation Division & Trials Division
75-20 Astoria Boulevard – Suite 350
East Elmhurst, NY 11370

Tel 718 • 546 • 0305
Fax 718 • 278 • 6541

Date: September 29, 2020

To: Tatanisha Banks, Warden, Manhattan Detention Complex

From: Tahkyia Willis, Deputy Director, Investigation Division

SUBJECT: FACILITY REFERAL: UOF #4068-2020

The Investigation Division has completed the review for 4068/20. On August 31, 2020 at approximately 1815 hours inside MDC 9 south housing area, Inmate Rodriguez, Peter (BC 3491603090/NYSID 09839298P) started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the intake with no further incident.

According to Injury to Inmate Report FY21-765, Inmate Rodriguez received delayed medical attention, approximately five hours and sixteen minutes after the incident.

Supervisors must ensure that inmates and staff are afforded prompt medical attention following their involvement in a UOF incidents. As per the new guidelines delineated in Directive 4516 R-B (Injury to Inmate Reports), staff are to ensure medical attention is afforded as soon as practical, but no more than four (4) hours.

The Investigation Division is requesting that the facility address the above mentioned deficiencies to ensure policy compliance. Please submit to this office, within 30 business days of receipt of this memorandum, please report your actions to Tahkyia Willis via email at Tahkyia.willis@doc.nyc.gov

Received: _____

Action Taken: _____

TS:

ID-FR# 0317/20

DEF 000048

	CITY OF NEW YORK CORRECTION DEPARTMENT		
	Manhattan Detention Complex		
	Incident Photo		
Type of Incident: UOF <input checked="" type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>	Date & Time of Incident: 08/31/2020 18:15		
UOF #: 4068/20 - P	Incident Status: <u>Actual</u> NYSID #: 09839298P		
First Name: PETER	Book & Case #: 3491603090		
Last Name: RODRIGUEZ	Inmate <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/>		
			
Photo Date: 08/31/2020 Photo Taken By: Investigating Supervisor: Captain Gibson #1046 Photo Description: Other-refused			

Confidential - For Use Only In Rodriguez v. City of New York et al., 20-cv-9840 (GHW)

Date Monday August 31, 2020
 Case # 1068/20
 To Acting Warden Yamansha Banks
 from Warden Mitchell #57
 To DSN Massay
 Subject Use of force.
 Location A South
 Angles

DEF 000050

Staff Officer Alexander Baluzevskiy #8957 DOA:
 Officer Damon Lewis #8186 DOA:
 Officer Temir Williams #11475 DOA:

Inmate: Rodriguez, Peter 3491603037 /0918392986
 Institutions, ICN, Rad 1D Enhanced Remant
 Class 3D

On August 31, 2020 at 1815 hours, in housing
 Area A South, inmate Rodriguez started a
 fire inside his cell. Officer Baluzevskiy
 removed the fire extinguisher to put out
 the fire, when the inmate stood in front
 of Officer Baluzevskiy. The Officer gave
 orders to move and the inmate refused
 to comply. Officer Lewis deployed Chemical
 Agent and Officer Williams pulled Central
 belts to apply restraints. The inmate
 ceased his aggression and was escorted out
 of the area, terminating the incident.

Staff injuries:

Inmate injuries:

Releasable Subject to
 Court or District 183

This investigation is assigned to Capt Gibson #1046

Video Request Task Form**UOF # U4068/2020****NON-UOF #****Current Date: 9/1/2020****COD #****ID #****GENETEC VIDEO**

Requestor: Inv. Stofer

Facility:	MDC	Date: 8/31/2020		
Camera IP	Location	From Hour	To Hour	Comments
191.49	MDC	1800	1930	
191.36	MDC	1800	1930	
209.215	MDC	1800	1930	
209.206	MDC	1800	1930	
209.233	MDC	1800	1930	
209.238	MDC	1800	1930	
213.252	MDC	1800	1930	
211.157	MDC	1800	1930	
211.162	MDC	1800	1930	
211.161	MDC	1800	1930	
211.174	MDC	1800	1930	
211.165	MDC	1800	1930	
210.210	MDC	1800	1930	
191.26	MDC	1800	1930	
191.20	MDC	1800	1930	
191.22	MDC	1800	1930	
191.21	MDC	1800	1930	
210.234	MDC	1800	1930	

HANDHELD VIDEO

File Name	Facility Folder	Sub-folder
ES831201500CEMDCUOF1815UOF#4068-20.MP4	ESU	UOF- August

ID BODY CAMERA VIDEO

User ID	Source	Recorded Date & Time	UOF#/COD#/NON-UOF#

Total DVDs Burned: _____

Page 1 of 2
DEF 000051

FACILITY BODY CAMERA VIDEO

User ID	Source	Recorded Date & Time	UOF#/COD#

191.49
191.36
209.215
209.206
209.233
209.238
213.252
211.157
211.162
211.161
211.174
211.165
210.210
191.26
191.20
191.22
191.21
210.234